Status of Children's Mental Health in Missouri
Comprehensive Children's Mental Health System
December, 2006

Overview

Since the passage of Senate Bill 1003 in 2004, The Department of Mental Health, in partnership with all of the Departments represented on the Children's Services Commission, local community stakeholders and families have focused on developing a comprehensive children's mental health service system. Development of the system has been guided by the comprehensive plan (the Plan), required by the legislation and submitted to the Governor's office in December 2004. The following report is organized to correspond to the Plan.

Families Retaining Custody

The Custody Diversion Protocol was developed through the shared efforts of DMH, DSS, courts and family members and implemented statewide in January, 2005 following extensive training of Children's Division (CD) staff, DMH provider staff and juvenile justice officers. In February of 2005, the CD was able to implement a Voluntary Placement Agreement (VPA) through an amendment to the state's IV-E plan. This allowed the CD to enter into a contract with parents to fund a child's out of home placement for a maximum of 180 days if deemed appropriate through a DMH level of care assessment without having to take custody. This VPA is only available in conjunction with the Custody Diversion Protocol. As of the end of 2006, 327 referrals were made with assessments completed. Of those children assessed, 295 or 90% were diverted from state custody. Of those diverted from state custody, 149 or 51% were supported in their homes with community based services and 146 or 49% received out of home services. The continued implementation of the Custody Diversion Protocol will be monitored by the DMH, CD and the Stakeholders' Advisory Group for the Comprehensive Children's Mental Health Service System.

Although the groundwork for the Custody Diversion Protocol was initiated prior to passage of SB1003 in 2004, this legislation took the additional step of having the DMH and the CD examine the population of youth currently in CD custody solely to access mental health services. DMH and the CD convened an interagency group to develop a protocol for implementation of transferring custody from the state to the child's parents as outlined in SB1003. After custody is returned to the parents, funding for services for these children is continued through the CD, thereby having the funding follow the child. In 2005, 20 children had their custody returned to their parent(s). In 2006, 4 children had their custody returned to their parent(s). The decrease in the number of 1003 cases in 2006 is, perhaps, indicative of the success of the Custody Diversion Protocol (children never coming into custody with the appropriate DMH services and supports prior to parental relinquishment of custody) in tandem with the Voluntary Placement

agreement. Discussions with the Stakeholder's Advisory Group and the Comprehensive System Management Team (see reference to these entities later in report), assures the continued implementation of mechanisms that will further assure that no child enter or remain in the custody of the Children's Division solely to access needed mental health services.

Based on the findings to date, it is evident that children can be diverted from state custody if effective communication occurs across child-serving agencies and resources exist to be able to respond to families' urgent needs. [1] Likewise, with interagency communication and collaboration children can be returned to their parents' custody while still receiving the mental health services they need. Effective local interagency teams are critical to successful implementation of these initiatives. Due to the lower than expected successful transfers, the CD and DMH continue to monitor the numbers, outcomes and funding for this population of youth. Additionally staff training is a high priority as while this proxy methodology works, without a significant amount of staff training there is a danger of under identifying children for whom custody relinquishment is a concern

Building Infrastructure To Support A System Of Care

Assess mental health service needs statewide

Surveillance and assessment of mental health needs is critical to the development of the proposed system. To assist with this assessment, the Plan recommended the creation of a "data warehouse" process to compile needed data across the multiple child serving agencies. DMH in partnership with DSS and the Information Technology Services Division has completed the initial and second phases of development of a data warehouse. The first phase which identified specific subject areas, systems and data attributes to be included in the data warehouse was completed in November 2005. The second phase completed in June 2006 included the development of the logical data model, the quality assurance plan, and the technical architecture requirements. Components of the final phase of development which will begin in 2007, include the completion of the physical data model and the data dictionary, development of hardware and software, and testing and training.

When completed, the data warehouse will compile data across child-serving agencies in a comprehensive, integrated, and reliable view of all relevant information collected to permit quality decision making. The system will allow access to such information as level of function, service needs, utilization, and financial expenditures. While the initial pilot has focused on the Department of Mental Health and Department of Social Services other state agencies providing services to children have been involved in the process so that in the future they can participate as time and resources permit.

[1] Families Retaining Custody,(October, 2005)

Policy Development & Administration

SB1003 calls for the establishment of a Comprehensive System Management Team (CSMT) to provide a management function with operational oversight of children's mental health policy and to act as a linkage between the state and local management structures. Membership is comprised of state child-serving agencies, families, advocacy organizations and local system representatives. The CSMT sponsors and supports the development of local interagency system of care (SOC) teams. Over the last year, three new sites have been developed for a total of ten local SOC sites. [2] During the past several months, the CSMT has sponsored and directed meetings between the Department of Mental Health and juvenile justice system to enhance local collaboration between the two entities and address specific barriers that prevent families from receiving services. In addition the CSMT finalized the Quality Service Review summary report[3]. The CSMT enacted by-laws to formalize its structure and has created five standing work groups to address the various tasks outlined in the Comprehensive Plan. The five committees include Finance, Practice, Local Team Liaison, Family and Consumer Issues, and Evaluation and Quality Assurance. Per the by-laws the co-chair will assume the responsibilities as chair at the October meeting. The CSMT prepare a report in response to a request from the Statewide Advisory Group (SAG) regarding progress on Custody Diversion, the Voluntary Placement Agreement, and returning legal custody of children to parents as per SB 1003.

To guarantee broad input from Missouri's diverse stakeholders, especially families of children with mental health needs, SB1003 established a Stakeholders Advisory Group (SAG**).** The SAG is charged with providing feedback to the CSMT regarding the quality of services, barriers/successes of the system, advocacy, public relations for the system, use of data to drive decision-making, and identification of emerging issues. The Director of DMH appointed members to serve on the Stakeholders Advisory Committee based on recommendations from the state child serving agencies. Care was taken to ensure that members represent all geographic areas and ethnic populations with at least 51% of the members representing families and youth. The SAG has been meeting quarterly since November, 2005. During the first meeting, members requested the addition of at least two youth that could provide input from their unique perspective. In 2006, three youth were appointed to the SAG. Each youth brought their system experiences (juvenile justice, foster care and community based mental health services) to the committee. Chairs of the SAG were elected in 2006 and by-laws established. As directed in the Plan, three standing committees were formed: Public Education; System Development

[2] Local sites include counties of Adair; Butler/Ripley; Franklin ; Jackson; Jefferson; Pike/Lincoln; Show—Me Kids (Greene, Christian, Barry, Lawrence, Stone, & Taney); S t. Charles; St. Francois; and St. Louis City/County;

[3] Missouri System of Care: Baseline Evaluation of System Performance and Results Achieved for Children and Families, (April, 2005)

Monitoring; and Enhancing Parent Involvement. These committees have been meeting monthly as directed in the by-laws. The SAG has submitted a summary of recommendations concerning system development and monitoring under the Plan to the CSMT for implementation. The CSMT made a presentation to the SAG at the November, 2006, meeting regarding their recommendations.

Senate Bill 501 was passed in legislation in 2005 creating the Office of Comprehensive Child Mental Health within the DMH. Under the Director of DMH and as incorporated into statute through 630.1000RSMO, the Office's mission is to provide leadership in developing and implementing the Comprehensive Children's Mental Health Service System. Three full time staff members are currently positioned in the Office, including a Coordinator of the Office, Coordinator of System of Care Programs, and Family Integration Specialist. Staff within the Office are responsible for: leading implementation of the Comprehensive Child Mental Health Services System; preparing an annual report on the status of Missouri's child mental health system; providing staff for the CSMT, SAG and the Comprehensive Child Mental Health Clinical Advisory Council; and providing clinical and system technical assistance and consultation to all departments.

While the divisions within DMH continue to maintain responsibility for day-to-day operations for their respective populations, each division has appointed one liaison to work with the Office to coordinate program and policy development as well as address clinical and training issues. Although both the divisions and the Office may initiate policies or programs, when it addresses the needs of youth under the age of 22 and their families it must be done in conjunction with the Office and the respective division. Additionally, each division has appointed a representative to the CSMT.

SB501 also establishes within DMH a Comprehensive Child Mental Health Clinical Advisory Council whose members are appointed by the Director of DMH and represent many child clinical disciplines. The focus of the Council is to: share information on state and national trends, evidenced-based practices and research; serve as a liaison with their respective discipline; identify funding and research opportunities; and advise the department. The Clinical Director of Children, Youth and Families serves as staff to the Council with the Director of DMH or designee and the DMH Medical Director serving as ex-officio members. Staff from the Office are also represented on the Clinical Advisory Committee.

<u>Transformation Grant</u>

The DMH received notice in October, 2006 that Missouri had been awarded a Mental Health Transformation State Incentive Grant: *Creating Communities of Hope*. This grant will allow the State to further the infrastructure development on data collection, finance, community development and overall development of a comprehensive approach for mental health service delivery for children in Missouri.

Financing

In response to the directive in SB1003 to describe the mechanisms for financing, the Plan identifies several funding strategies and activities to be undertaken to finance the system. In addition to successfully amending the state's IV-E plan allowing CD to fund a child's out of home placement up to 180 days without having to take custody, the DMH continues to pursue the feasibility of applying for a 1915c Waiver. The Community-based (1915C) Waiver focuses on community service capacity development for youth diverted from an inpatient admission, or to decrease the length of stay.

A budget item for FY 2008 was submitted for the expansion of the comprehensive children's mental health system. Key components of expansion include: developing five "centers for early childhood", establishing five system of care teams, and funds to serve more children in community based services.

The Division of Medical Services convened the School Based Services Committee in August 2004, to examine school-based services and their relation to Missouri's Medicaid Program. The membership of the committee was composed of staff from various state agencies, community leaders and school districts throughout the state. Three subcommittees were formed to address dental, health services and behavioral health in schools. The Department of Mental Health chaired the Behavioral Health sub-committee. The goal of the committee was to determine what behavioral health services are currently provided in the schools and what future services, if any could be offered. The committee participated in a statewide survey of schools to find out additional information. The study completed by UMKC demonstrated that many Missouri public school districts are providing a number of mental health/substance abuse services to children. Schools also report using some "off grounds" mental health/substance abuse services. School districts also reported themselves as being the primary source for payment for mental health/substance abuse services. The abbreviated survey while not comprehensive in scope did highlight the need for a statewide approach to mental health/substance abuse services in schools. The subcommittee developed a series of recommendations and these were submitted to the School Based Services Committee. One of the recommendations was that Medicaid form an advisory committee to provide feedback regarding the implementation of the recommendations. The School Based Services Committee submitted recommendations to the Director of Medical Services on September 8, 2006.

Array Of Services and Supports

Functional Assessment

DMH is working with its providers to implement a functional assessment instrument that would be consistent across all three Divisions. The Child and

Adolescent Functional Assessment Scale (CAFAS**)** has been selected and will aid the DMH in obtaining the following: a) actively managing services by periodically assessing progress towards specified goals, b) designing treatment plans which link problematic behavior with a target goal and related strengths, and c) assessing outcomes. At least two community mental health centers currently utilize the CAFAS. Training has occurred for the community mental health centers on use of the CAFAS. A pilot of the web-based tool was initiated in October of 2006. Based on these positive outcomes DMH/CPS is expanding the use of the CAFAS into other Service Areas in the state.

Evidence Based Practice

Department of Elementary and Secondary Education (DESE) has identified Positive Behavior Support (PBS) as an evidence-based approach to support children succeeding in school. PBS teams have been created in several local school districts through a State Improvement Grant. The CSMT is working with DESE to incorporate the PBS approach into system of care for children and youth with mental health needs

Five trainings were conducted across the state by the KC Metro Child Traumatic Stress Program for caseworkers and therapists on Identifying and Responding to Child Traumatic Stress. The day long training focused on assisting direct care staff in recognizing the signs of psychological trauma and responding appropriately with evidence-based treatment services and referrals.

Prevention

Georgetown University Center for Child and Human Development, National Training and Technical Assistance Center for Children's Mental Health and the National Center for Education in Maternal and Child Health highlighted their work in Missouri with the DHSS and DMH on the Promoting Resiliency initiative focusing on school age children. Two rounds of regional trainings were held employing a cross-agency training curriculum using Bright Futures and Systems of Care principles to introduce local community teams to a public health approach to mental health. Many participants in the first regional training made comments about working with families. This led to the decision to add a nationally known presenter that is a family member of a child with a serious emotional disturbance. The presenter had experience navigating the various systems in an attempt to obtain for her child appropriate and effective services. She highlighted the need to provide early intervention services as a means of helping to prevent children from being removed from their homes and communities. As a result of this presenter's involvement, a family member was added to the Bright Futures state team in 2006.

Work is now focusing on institutionalizing this resiliency approach within Missouri by creating Regional Technical Assistance Teams and will culminate in the first Policy Academy in 2008. Another round of regional trainings will occur in the Spring of 2007. Additionally, in conjunction with the DHSS Early Childhood

Implementation grant, early childhood will be including in this Promoting Resiliency initiative through engaging HeadStart providers.

Early Childhood

Following a two year $l00,000 planning grant through the Maternal and Child Health Bureau to strengthen collaboration and promote effective utilization of resources through development of an *Early Childhood Comprehensive System,* The Department of Health and Senior Services (DHSS) received the implementation grant. Mental Health and Social/ Emotional Development are one focus and DMH staff has served as the co-chair along with Head Start for this group. The implementation grant will focus, in part, on partnering with HeadStart, mental health, schools and public health in creating healthy environments that promote social/emotional development and creating local structures to provide sustainable local collaborations. DMH is also on the Interagency Steering Committee. A partnership with DESE continues in implementation of the First Steps program. The Coordinating Board for Early Childhood has been formed and met in December of 2006. DMH's Clinical Director for Children, Youth and Families has been designated as the Board representative.

Juvenile Justice Activities

Representatives from DMH, DSS, MJJA, the judiciary and parents attended a *National Policy Academy on Improving Services for Youth with Mental Health and Co-Occurring Substance Use Disorders Involved in the Juvenile Justice System***.** The Missouri team agreed the state's goal was to improve access and capacity for a comprehensive and seamless service system to meet the needs of youth involved in the juvenile justice system. Issues to be addressed include how the state can develop a partnership with the 45 county based circuits in the state to create mechanisms for insuring outcomes, tracking of fiscal and support/service resources and establishing effective protocols, policies and information management systems. The first task Mental Health/Juvenile Justice Policy Team agreed to address is increasing the court's and child welfare's understanding of the role of mental health assessments and improving the quality of mental health assessments for children involved with juvenile justice. Additionally, following a series of regional videoconferences to explore how mental health and juvenile justice can collaborate more effectively, ongoing technical assistance has been provided to approximately 14 local interagency teams on developing policy collaboratives. In August, 2006, eight of the local teams attended a two-day Summit in St. Louis to share successes and challenges experienced, provide feedback to the CSMT and develop plans for continued development. These activities were supported through a Challenge Grant from the Office of Juvenile Justice and Delinquency Prevention and the MO Dept. of Public Safety. The DMH continues to work with OSCA and MJJA in training juvenile officers on children with special needs and mental health service system. In continuing this effort, the Office of State Courts Administrator and DMH applied for and received a field demonstration grant through the Office of

Juvenile Justice and Delinquency Prevention to promote use of quality assessment guidelines and implementation of evidence-based practices for the juvenile justice population with mental health needs. A minimum of five local sites will be selected to be trained in the assessment guidelines and an evidence based practice that meets their local population's needs as well as sustaining a local policy infrastructure to support these practices.

School Based Activities

DMH began discussions with the Department of Elementary and Secondary Education for the Childhood Education Specialist position that will be funded under the Transformation Grant. This co-located position will have primary responsibility to assist in identifying and integrating mental health policy, resources and programs in the mission of the schools.

Evaluation and Monitoring for Quality Services

SB1003 requires that the Children's Comprehensive Mental Health System be outcome based. In order to track child outcomes, system effectiveness and assure that the system provides high quality service to children and their families, the child-serving agencies and child advocates joined in this effort selected the *Quality Service Review (QSR*)**.** The QSR, designed by Dr. Ivor Groves and adapted to Missouri, measures the quality of interactions between frontline practitioners, children and their families and the effectiveness of the services and supports provided. This process has a strong history in Missouri as it has been used by the Department of Social Services (DSS) for Practice Development Review (PDR).

In 2004 the QSR instrument and interview process was developed and piloted in six of the local system of care sites during 2005 under the direction of the CSMT. In March of 2006 the QSR was held in St. Francois County in response to the CSMT's plan to conduct a baseline QSR on all new local system of care sites once they have served children for a year. Results from both the initial review and St. Francois County shows that between 60% and 70% of the children with the most complex needs are improving in the key areas of safety, staying in school, and improved emotional and behavioral well-being. At the system level, review findings reflect the evolutionary nature of system of care development with the more established sites showing the most creativity and flexibility in how they use existing dollars and work collaboratively to meet the needs of children. The reviews consistently identified three major cross-site issues: the need for universal screens addressing trauma and "at risk" planning for transition and independence; and improved communication with school personnel.

Following the reviews, local teams have worked to address any identified child-specific concerns. The CSMT in partnership with the Department of Mental Health (DMH) has focused on capacity building to support expansion of the QSR statewide by developing the ability to train reviewers, conduct reviews and manage the data in-state. Next steps include conducting a baseline QSR in

newly developed SOC local sites, continuing to build capacity through expansion of the reviewer pool, and exploring ways to coordinate similar QSR and PDR administrative functions.

Application of Knowledge Gained From Federally Funded Missouri System of Care Sites

Since 1998 Missouri has entered into partnerships with the federal government to serve as incubators specific to individual community needs for system of care. "The Partnership for Children and Families" was initiated in 1998 in St. Charles County. In 2002, six counties in southwest Missouri came on line with "Show Me Kids". "Transitions – St. Louis System of Care in St. Louis City/County was developed in 2003. Most recently Buchanan and Andrew counties kicked off the "Circle of H.O.P.E." in 2006. Although each of these sites has a different emphasis on system of care, already there are broad learnings that can be applied around the state. Examples: The "Partnership" produced a social marketing tool titled "Stats Blast" that illustrates the cost effectiveness and clinical effectiveness of system of care. "Stats Blast" is now being transformed into a statewide document that all sites can use for social marketing and educational purposes.

One of the notable learnings from the "Show Me Kids" site is how they developed a family organization through a request for proposal process. This success is a blueprint for other sites in developing and supporting family organizations. The "Transitions" site is certifying high fidelity wraparound trainers that in the near future can begin training not only in St. Louis but throughout the state. "Transitions" is also piloting a merged DMH Quality Service Review with the Children's Division Performance Development Review. This blending of resources will not only save costs but will gather more information for both agencies. Finally, "Transitions" is about to begin a prevention effort whereby children in the custody of Children's Division will receive a mental health screening in an attempt to intervene early before mental health issues have become severe. This too can be a model not only for prevention but for enhanced partnerships between mental health and child welfare. These are just some examples of how Missouri is benefiting from the federal SAMHSA cooperative agreements.

Family Involvement Activities

Family and Youth Involvement at all levels of system development, monitoring, evaluation and service delivery is an essential component in building a comprehensive children's mental health system. In order to have meaningful family and youth involvement, there must be a commitment to provide family members and youth the training, support and mentoring that they need to become active and informed participants as they promote systems change.

In September of 2006, a group of family members and youth from across the state participated in a Family Leadership Training. The Leadership Training focused on 3 goals:

- To learn the skills necessary to move beyond just telling personal stories. Families learned to communicate in a way that takes their unique experiences and puts them in a perspective that promotes system change.
- To understand the importance of being connected to other family members, and make a commitment to another participant to be a "buddy". Having a "buddy" is a way to support each other as they reflect on their past and future work as family leaders.
- Understand the need to take care of yourself and your family first.

The information gathered at the training is being used to update orientation manuals, and provide information to groups working on increasing family involvement. A great deal of information was gathered about what family members and youth think professionals need to know about working with families at various levels of system development. Next steps include providing the Family Leadership Training in each area of the state allowing more families to participate. It will also help develop a larger base of family members and youth who are prepared for participation on committee's both locally and at the state level. More importantly, we will be connecting with families that may be under-represented in the efforts to create a comprehensive children's mental health system in Missouri.